



HARFORD COUNTY GOVERNMENT
Department of Inspections, Licenses and Permits
220 S. Main Street, Bel Air, Maryland 21014
PAWNBROKERS LICENSE APPLICATION

PLEASE PRINT OR TYPE

Application Date _____

Business Telephone No.: _____

NEW _____ RENEW _____
APPR _____ DENIED _____

TRADE NAME _____ BUSINESS ADDRESS _____

OWNER NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____

HOME ADDRESS _____ TELEPHONE NO. _____

DOB _____ HEIGHT _____ WEIGHT _____ COLOR OF HAIR _____ COLOR OF EYES _____

DRIVERS LICENSE NO. _____ STATE _____ SS# _____

SPOUSES NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____ DOB _____

CO-OWNER OR PARTNER NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____ DOB _____

HOME ADDRESS _____ TELEPHONE NO. _____

DOB _____ HEIGHT _____ WEIGHT _____ COLOR OF HAIR _____ COLOR OF EYES _____

DRIVERS LICENSE NO. _____ STATE _____ SS# _____

SPOUSES NAME (FIRST) _____ (MIDDLE) _____ (LAST) _____ DOB _____

The following questions pertain to OWNER and CO-OWNER:

1) Have you ever been convicted of a felony, crime of theft or moral turpitude?

OWNER: _____ CO-OWNER: _____

2) Have you ever spent time or been committed to a mental institution?

OWNER: _____ CO-OWNER: _____

3) Have you ever had a permit or license of this type suspended, revoked or refused in this or any state?

OWNER: _____ CO-OWNER: _____

If a YES answer is given to any of the above questions, please explain on Page 2.

BY SIGNING AND SUBMITTING THIS APPLICATION, I ATTEST THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

(OVER)

**HARFORD COUNTY GOVERNMENT
PAWNBROKERS LICENSE APPLICATION**

LIST AT LEAST THREE (3) REFERENCES - Not Family Members or Relatives

<hr/> NAME	<hr/> ADDRESS	<hr/> DOB	<hr/> TELEPHONE NO.
<hr/> NAME	<hr/> ADDRESS	<hr/> DOB	<hr/> TELEPHONE NO.
<hr/> NAME	<hr/> ADDRESS	<hr/> DOB	<hr/> TELEPHONE NO.

LIST ALL EMPLOYEES

<hr/> EMPLOYEE NAME	<hr/> ADDRESS	<hr/> DOB
<hr/> EMPLOYEE NAME	<hr/> ADDRESS	<hr/> DOB
<hr/> EMPLOYEE NAME	<hr/> ADDRESS	<hr/> DOB

USE THE SPACE BELOW FOR EXPLANATIONS TO QUESTIONS 1 THROUGH 3

I understand that if I knowingly make a misrepresentation or false statement on this application, I am guilty of a misdemeanor and, upon conviction, may be subject to a fine not exceeding One Thousand Dollars (\$1,000.00) or imprisonment not exceeding ninety (90) calendar days or both.

In consideration of the granting of this license, I agree that I will conform to and abide by all the rules and regulations of the Department of Inspections, Licenses and Permits and in accordance with the Harford County Code, Chapter 188, Pawnbrokers, as amended.

<hr/> PRINT NAME (OWNERS)	<hr/> DATE	<hr/> SIGNATURE (OWNERS)
<hr/> PRINT NAME (CO-OWNER)	<hr/> DATE	<hr/> SIGNATURE (CO-OWNER)

*****FOR OFFICE USE ONLY*****

Sheriff's Office Recommendation: Approved _____ Disapproved _____

Approved by: _____ Date Approved _____

If Disapproved – Reason _____